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Understanding Well-Being in Multi-Levels:

A review

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Abstract

Well-being is not only an emerging research agenda, but also a critical issue concerning the individual as well as the societal development, because how the issue is viewed has a huge theoretical as well as practical, even policy, implication. In academic, while some argue that well-being is in the subjective perception of one's life or psychological functioning, others argue that well-being is in the objective conditions and the broader environment. This paper, drawing on psychology tradition, tries to go beyond the dichotomy of well-being as either an individual attribute or external conditions. Instead, this article acknowledges the multi-levels of well-being are closely tied and should be taken into accounts when well-being is concerned. We will provide a brief review of the two major approaches – subjective well-being and quality of life – of well-being before the multi-level approach is introduced. The strength and challenges of the multilevel approach will be discussed.

Keywords: *well-being; subjective well-being (SWB); positive psychology; quality of life (QOL); multi-level approach*

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I. Introduction

What is a good life or well-being, what factors influence it, whether it can be promoted and how to attain it are all contemporary questions appealing to wide range of professionals. Philosophers and academics may debate whether well-being is concerned with people's happiness or is a human virtue, subjective feeling or an objective condition, out of intellectual curiosity or in the interests of gaining insights so as to garner and develop appropriate intervention. Policy makers may be more concerned about the operations of the concept of well-being and how it can be addressed and integrated into public policy design. The general public, however, may not be as concerned with how the term is defined or whether policy has explicitly addressed the issue: what the public are interested in is how and what they can do to enhance their quality of life or to feel content, publicly and privately. Mental health and well-being is everybody's business (VicHealth, 2009).

Although such diverse viewpoints are but an aspect of public discourse about the issue, they are sufficient to provide us with an idea that well-being is a multifaceted phenomenon. But is well-being hedonic or eudemonic in nature (Keyes, 2006; Ryan & Deci, 2001)? Is it attributed to individual perception or an objective condition (Cummins, 1997; Diener, Sapyta, & Suh, 1998)? Who can judge and decide precisely what well-being is? Can it be changed? And if it can be changed, is intervention by way of the individual or society (Lyubomirsky, Sheldon, & Schkade, 2005; Sirgy et al., 2006)? Well-being is therefore not only an emerging research agenda, but also a critical issue concerning individual as well as societal development. This said, how the issue is viewed has important implications for theory, practice and policy. And in a culture of surplus (Diener, 2009; Eckersley, 2004), the question of well-being has emerged to resonate with a modern need to live a life of quality, existentially so, and not merely to exist biologically.

Despite health and well-being attracting government attention owing to policy implications, health has long been perceived as a state free of disease (Frank, 2002). In much the same way, mental health has often been equated with the absence of mental illness – while the positive notions of mental health (e.g., well-being) have remained elusive with little empirical investigation (Keyes & Waterman, 2003). Since the first publication on positive mental health (Jahoda, 1958), conceptualizations and measures of well-being have progressed substantially over the past 50 years (Diener & Suh, 2000b; Keyes & Waterman, 2003).

In this study, we seek to draw upon contemporary psychological literature and provide further thought on the conceptualization of well-being, in the hope of encouraging further discussion of such a socially critical issue. The two major approaches – subjective well-being and quality of life – will be first reviewed before proposing the approach and concept of multi-level well-being.

II. Subjective Well-Being

There are two main streams of psychological research in understanding subjective well-being — hedonic and eudaimonic (Keyes, Shmotkin, & Ryff, 2002; Ryan & Deci, 2001). The hedonic stream of subjective well-being is rooted in the Greek philosopher Aristippus, who considered that life's ideal is to maximize the amount of pleasure and happiness. The affiliated psychological construct, normally termed SWB – subjective well-being (Diener, 1984) – concerns feelings towards life and the evaluation of affective states, including overall happiness and life satisfaction as well as positive and negative affective experiences. Life satisfaction, the cognitive perspective of SWB, is the person's evaluation of his or her own life wherein happiness, as balancing between positive and negative affect, reflects a person's immediate experience of pleasant or unpleasant moments. Thus, SWB takes into consideration the affective as well as the cognitive components of people's emotional experience towards life.

In contrast, eudaimonic subjective well-being proposes that true happiness is not just following human felt desire, but sooner “found in the expression of virtues – that is, in doing what is worth doing” (Ryan & Deci, 2001, p. 145). Related to this, is the term PWB (psychological well-being) which assesses a person's psychological and social functioning as the criteria of well-being. Compared to SWB, which specifically focuses on subjectivity, PWB is a person's potential to realize a meaningful life and to meet real life challenges. The major proponent of PWB is Carol Ryff (Ryff, 1989; Ryff & Keyes, 1995), who argued that SWB and PWB are related but distinct conceptions of well-being. For Ryff, PWB signals that a person functions positively in six aspects of life: looking at oneself in an appropriate way (self-acceptance); having good relations with others (positive relations with others); having a sense of growth (personal growth); realizing one's life is meaningful (purpose in life); being capable of managing the surrounding world (environmental mastery), and possessing a sense of self-determination (autonomy). Other theorists define fully functioning people as those who can actualize themselves, in the area of autonomy, competence and relatedness (Ryan & Deci, 2001), who live according to the true self (Waterman, 1993), or who strive for a good balance between happiness and meaningfulness (McGregor & Little, 1998).

Keyes (1998), in following on from Ryff, argued that to attain well-being people have to function effectively in regard to social challenges and tasks. Keyes suggested five dimensions of social well-being – social integration; social contribution; social coherence; social actualization and social acceptance. Social integration is whether one is capable of being a part of a society; social contribution is the degree to which a person can offer something valuable to the world; social coherence is whether a person finds the events and eventualities around them understandable and coherent; social actualization refers to whether a person can envision the future and potential of a society, and social acceptance is whether a person can trust and accept both the good and bad of human nature. The argument is this: attainment of well-being goes beyond the private sphere in order to resonate effectively and coherently in the public domain. Keyes further suggested that people who attain a high level in all the above aspects (SWB, PWB and social well-being) can be described as having complete mental health, and as flourishing, in contrast to languishing (Keyes & Lopez, 2002).

III. The Positive Psychology Movement

In line with the growing study of subjective well-being, positive psychology is another significant presence within the field of psychology that seeks to bring to light the brighter side of human nature, scientifically and phenomenologically. Seligman and Csikszentmihalyi (2000) contended that psychology has to shift its focus from merely correcting the weaknesses of an individual to exploring human strengths and virtues. The underlying goal not only aims to prevent further serious mental problems, but also to build and develop flourishing and fully functioning people. These goals have been advanced over the last two decades by the endeavours in research of positive emotion

(Fredrickson, 2000, 2001; Isen, 1987); optimism (Scheier & Carver, 1985); learned optimism (Seligman, 1991); hope (Snyder, 1994, 2000); courage (Rate, Clarke, Lindsay, & Sternberg, 2007; O' Byrne et al. 2000 cited in Snyder & Lopez, 2007); wisdom (Sternberg, 1990, 1998); gratitude (Emmons & McCullough, 2004); forgiveness (McCullough, 2000; McCullough, Pargament, & Thoresen, 2000); mindfulness (Langer, 2002); flow (Csikszentmihalyi, 1990), and spirituality (Larson, 1996; Pargament, 1997, 2002).

Peterson and Seligman developed the VIA Classification of Strengths (2004) in contrast to the DSM categories¹ (Snyder & Lopez, 2007) which are so prevalent in the conceptualisation and practice of much psychology and psychiatry. Although the universality of such diagnostic nomenclature is still under debate, the fruits in this area of research are abundant and the advancement in empirical research of human strengths is impressive. Nevertheless, it should be noted that as with PWB, studies on different forms of human strengths is still in the developmental stage and that most research on well-being continues to focus on SWB of the hedonic tradition. As consequence, eudaimonic approaches only began to receive critical attention after the 1980s (Keyes et al., 2002).

The differentiation of SWB from PWB or other human strengths, not only shows the basic differences of hedonic and eudaimonic approaches to well-being and their underlying philosophies and ethos (Ryan & Deci, 2001), but such differences also lead to more in-depth discussions about whether well-being should be defined by experiencing individuals or observers (by experts or a normative value). What's more there is the question of as to whether well-being can be universally or culturally applied, that is, whether there is a cultural specificity to well-being in as much as there possibly exists a cultural and anthropological variance to psychiatric categories. Although SWB can be criticised as self-indulgent, Diener and his colleagues have sought to reiterate that SWB pays more respect to people's own values and judgments, avoiding the hegemony of external judgment (Diener et al., 1998; Diener & Suh, 1997). Thus, Diener et al. (1998) remark that PWB, presumably universal, may indeed vary across cultures, and that while PWB may contribute to the understanding of well-being, SWB is still essential to the debate and reality of wellness. In view of the widespread use of SWB and the emerging development of PWB as indicators in well-being research, more understanding and conceptualization on the subjective contexts of well-being will be advanced. It also seems that by complementing SWB with PWB, a better picture of the complex construct of human well-being can be built (Keyes et al., 2002; Ryan & Deci, 2001).

IV. Quality of life

Another approach towards understanding what a good life or well-being is has been conducted by researchers in the area of quality of life (QOL) studies. QOL is a complex and still debatable construct that has been employed by different disciplines to delineate what a "good life" is, individually and collectively (Carr, 2004; Rapley, 2003; Sirgy et al., 2006). QOL research is debatable precisely because there is, as of yet, little or no consensus on whether quality of life should be objectively or subjectively measured, whether it should be defined by researchers or participants, or whether the concept of QOL can be applied and defined universally or culturally.

¹ The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a set of standard criteria used widely in mental health for the classification of mental disorders. The first version of DSM was published in 1952 and the current version is the DSM-5 (fifth edition). In order to provide researchers and practitioners with the same language set through which they could talk about the positive, Peterson and Seligman developed the VIA system as a counterpart to DSM. Despite enjoying a longer history and recognition, the DSM system shares with VIA, criticism as to the validity and reliability of the diagnostic categories proposed and employed.

What's more, QOL has been associated with the social indicator movement (Bauer, 1966),² popular in the 1960s, which sought to provide a broader measure of the quality of life of a nation in addition to the economic and monetary indicators employed (such as GDP or income levels). While QOL takes the external condition more seriously, recent QOL research has emphasized individual and subjective perspectives of people's lives (Rapley, 2003). Some even suggest that QOL, before all else, is primarily subjective (Haas, 1999). Nevertheless, whether in terms of the individual or the collective, it is broadly agreed that QOL is a multidimensional construct, embracing both objective and subjective domains, despite there being no common consensus regarding the number of dimensions to the definition of QOL (Costanza et al., 2007; Cummins, 1997; Diener & Suh, 1997; Rapley, 2003; Schalock & Felce, 2004).

With a goal to informing intervention and social policy, certain national well-being indicators focus on a comprehensive range of factors that may affect the quality of life of an individual and of society as a whole (Rapley, 2003). These include indicators related to housing; crime and safety; work; education; health, as well as family and community. Drawing on 11 basic human needs such as security; affection; leisure; reproduction and participation, Costanza et al. (2007) constructed a QOL framework in relation to various kinds of capital which can be advanced by policy implementation. Thus the content of QOL, in contrast to SWB, is more compatible with policy design, as it deals directly with objective socio-economic environments.

From the field of psychology, Cummins (1997) has proposed the following definition:

Quality of life is both objective and subjective, each axis being the aggregate of seven domains: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. Objective domains comprise culturally-relevant measures of objective well-being. Subjective domains comprise domain satisfaction weighted by their importance to the individual. (Cummins, 1997, p. 6)

Similar to Cummins, Schalock (2000) proposes a similar QOL conceptualization that is specifically relevant, but not exclusive, to people with intellectual disabilities. Drawing on a wide range of literature, Schalock proposed eight dimensions (emotional well-being; interpersonal relations; material well-being; personal development; physical well-being; self-determination; social inclusion and rights) as the core domain of quality of life. In each dimension, subjective personal appraisal and objective functional assessment were measured independently.

While Cummins (1997) covered more culturally relevant domains (e.g., safety and community), Schalock (2000) emphasized autonomy and individual rights, especially related to his target concerns about people with intellectual disabilities. Both authors however take into consideration the importance of objective and subjective measurement, at the individual level. Schalock and Felce (2004) even suggested that objective indicators of life experiences should be adopted instead of SWB, that is, if the environmental impact on people is to be evaluated in a more sensitive, socially conducive way.

² Raymond A. Bauer was considered one of the key proponents of social indicators during the initial stage of development. His keynote work remains *Social Indicators* (M.I.T Press, 1967), which documented the effects of the space exploration program upon American society. The interest in social trend analysis was reawakened in the Kennedy years and later developed as a public concern regarding domestic social problems such as poverty, race, health, unemployment and housing (Rossi & Gilmartin, 1980, p.2)

Yet, compared to the social indicator tradition as initiated by Bauer in the 1960s which emphasized more on the objective external circumstances, Cummins and Schalock both pay more detailed attention to people's inner perceptions and experience of satisfaction. In contrast to the scope of SWB or PWB which remain limited to feeling and functioning, the quality of life definitions proposed by Cummins and Schalock concern both the subjective and objective evaluation of ones' situation, and in multiple domains that are culturally important and normatively relevant, this, bridging the traditionally objective measures of social situations at the population level with the subjective evaluation of individuals. Such conceptualizations imply that objective population indicators affect objective individual domains, which in turn affect the SWB of people.

As Michalos (in Sirgy et al., 2006) has put forward, the construction of QOL models is a political and philosophical exercise rooted in specific kinds of values. Theoretically, there are rich accounts of the approaches in quality of life with different underlying philosophies: utility; needs; prudential values and capabilities, as summarized by Phillips (2006). According to Phillips, those embracing utilitarianism envision and strive for societies which enable their citizens to achieve the greatest happiness. In contrast, those who adopt prudential values emphasize whether a life is good based not through people's desires, but through values which render humanity better. Such values include those of the utilitarian approach – enjoyment and the avoidance of pain – but also those of accomplishment; basic capabilities; understanding; liberty; self respect; and deep personal relations, all of which are believed to enhance life in a general, intelligible way. While this concept is simple, little idea is provided as to how quality of life can be defined. The focus on capabilities signals a hybrid of the previous three approaches and regards quality of life as being about a person's "ability to do valuable acts or to reach valuable state of well-being" (Phillips, 2006, p. 91). This understanding of QOL takes both the external environment, human desires and needs into consideration. Nevertheless, what constitutes the elementary capability set varies according to different scholars.³

V. Health Related Quality of Life

QOL can be seen to become a more complicated and complex matter when extended to the domain of Health related Quality of Life (HRQOL). There have always been strong associations between health and a good life, whether through the optic of philosophy, psychology or medicine, and the WHO has long defined health in terms of a more holistic perspective, namely a, "state of complete physical, mental and social well-being" (Larson, 1996, p. 141). As a result, health status, well-being, QOL and health related QOL are "often used interchangeably in the health field" (Sirgy et al., 2006, p. 401). Such is Bowling's (1997) and Fitzpatrick's (1996) definition of health related quality of life, which incorporates a wide range of components into human functioning, including physical health; emotional status, or social roles. What's more such generic measures of health and QOL are generally used in national health surveys to monitor a nation's health status (Rapley, 2003; Sirgy et al., 2006), and despite being narrower than the concept of QOL, HRQOL conceptualizations and measurements, especially the wide-ranging and multidimensional ones, can be understood as quality of life in general (Michalos, 2004; Phillips, 2006). As a logical consequence to such research, Michalos suggested that we abandon the term "health related quality of life" for "clarity".

The wide range and amorphous nature of HRQOL has little use for health professionals, especially if they are seeking evidence to inform their decisions about life and death or curing illness, or evaluating different medical

³ For example, Sen's approach gives more weight to the freedom to choose among various alternatives, while Nussbaum's approach emphasizes moral imperatives sooner than freedoms and choice (Phillip, 2006).

procedures and policies. A more impersonal, scientific and objective approach to HRQOL has therefore been proposed in the field. Some of the examples are Quality Adjusted Life Years (QALY), Disability Adjusted Life Years (DALY), and the time-trade off method (Phillips, 2006; Rapley, 2003). These approaches are useful because they provide a straightforward statistical method that can inform health practitioners in making medical decisions after comparing the relative cost and effect of different procedures as well as the risk involved. Such approaches are, however, debatable because the patients' point of view is not regarded, this flagging the ethical issue involved around the relationship between value of life and quality of life (Phillips, 2006; Rapley, 2003).

The dilemmas of using QALY brings out the critical issue that being physically healthy does not equate to having health related quality of life, let alone overall quality of life (Michalos, 2004). This said, there are greater contributory factors to defining the *how* and *what* of quality of life.

VI. Community and Ecological Levels of QOL

Despite social indicator research having brought social circumstances into scrutiny, beyond monetary concerns, little attention had been paid to community contexts in which QOL is embedded. Raphael et al. (2001) have recognized the complex role of community structures in individual well-being warning that neo-liberalism has both threatened and deteriorated community infrastructures and as a result the building up of strength and support between and within community membership has waned. The emerging concern of community indicators also highlights the importance of satisfaction in the community level to the people's overall well-being (Dluhy & Swartz, 2006; Wiseman, 2009; Wong, 2002). Rapley (2003) argued for example, that large scale indices (e.g., GDP; a fair and crime free society; vigorous cultural life) are too far removed from the concerns of local communities and their members. Thus, work on community indicators can bridge the gap and provide valuable information to the policy designer at the local level, with the aim to link community development to the locally meaningful indices of QOL.

Whilst some proposed community QOL to be community members' satisfaction with government services, business services and non-profit services (Sirgy & Rahtz, 2006), there are numerous other indicators adopted by different communities addressing various needs across various regions (Dluhy & Swartz, 2006; Sawicki, 2002; Wiseman, 2009). Nowadays, scholars suggest that community indicators be developed through community consultation, with intellectual input from academia (Dluhy & Swartz, 2006; Rapley, 2003; Sawicki, 2002; Wong, 2002). In addition to the individual and national level, a community indicator approach suggests that there is an intermediate layer to which we have to pay attention for the community can play a significant role in affecting our well-being.

In summary, research has presented to us both ends of conceptualizing QOL as a state-of-states versus a state-of-persons. It also exhibits the endeavour and necessity of an interdisciplinary approach to investigating such a complex issue given that a wealth of factors and variables define the normative and given of modern daily life. Nevertheless, as Rapley (2003) argues the large scale indices (at the national level) may mask the real differences between population subgroups and they are far from the concerns of individuals or local communities. Given this, social community indicators are proving the more favourable option.

VII. Quality of Life and Subjective Well-Being

In the discussion of QOL comparisons have been made between the concepts of Quality of Life and Subjective Well-being, particularly with reference to Cummins and Schalock. Whereas subjective well-being (SWB) emphasizes the personal level, including life satisfaction, happiness and human functioning; quality of life (QOL) is a

broadier concept, including life in multiple dimensions, embracing both subjective and objective domains, in terms of the individual reality and that of the population. This said, subjective well-being can be seen as a subset of quality of life, not accounting for external circumstances. Because of the widespread use of SWB indicators in subjective well-being research, subjective well-being is dominated by the narrow focus on the hedonic approach of well-being, ignoring the eudemonic approach of well-being at the personal level. In spite of this, Phillips (2006) still argues that QOL should start with subjective well-being, because it takes an individual's judgment seriously and as a constitutive factor.

Quality of life, however, does not stop there for many studies have shown that subjective and objective well-being is not necessarily correlated (e.g., Phillips, 2006; Schalock & Felce, 2004): by merely focusing on the subjective dimension without attending to the social dimensions indeed presents limits. Descriptions such as "happy slave" or a "fool's paradise" are employed to bring out the contradiction of someone who has adapted well with a high level of SWB, yet who suffers high levels of deprivation at the same time (Phillips, 2006; Sirgy et al., 2006). As a result, researchers have progressively proposed that the most assured way of measuring QOL is to combine both objective and subjective indicators because they each provide valuable information that can enhance quality of life and inform policy intervention (Costanza et al., 2007; Diener & Suh, 1997; Schalock & Felce, 2004).

In relation to Phillip's (2006) four main approaches of QOL, SWB is closely aligned to the utilitarian and individualistic perspective, in that it accords with the maximization of pleasure and the avoidance of pain (Diener & Suh, 1997; Phillips, 2006). PWB, or other human strengths, are similar to what is advocated by the prudential values and capabilities approach in which realizing one's potential and striving to make human life better is the goal. Nevertheless, the prudential values and capabilities approach takes the objective environment as a cogent factor and the vision towards a collective goal is explicit. Although the basic needs approach is one way to consider QOL, its minimum standards towards human existence furnish little evidence with regards to human nature, its evolution and possible development (Phillips, 2006).

VIII. A Multi-Level Approach to Well-Being

The above discussion suggests that well-being is not only multi-dimensional, but also spans across multiple levels. Focusing on the individual or external condition is not only limited, but such an approach would deprive us of capturing the richness and dynamic nature of such an important concept. Rather than targeting well-being in a specific level, community psychologists recognized that individuals cannot be understood in isolation from their broader environment. Likewise, well-being should also be understood in multiple levels simultaneously. Cowen's (1991; 2000) concept of "wellness" and Prilleltensky et al. (Nelson & Prilleltensky, 2005; Prilleltensky & Prilleltensky, 2006) proposed that well-being should go beyond the personal and intra-psychic, and require divergent solutions across different levels. Cowen (1991; 2000) explicated that wellness exists not as an either-or-not, but along a continuum and can be nurtured or inhibited by external circumstance. In addition, wellness depends on many aspects of life so that it cannot be solved by any simplistic solution, but only by comprehensive strategies targeting various levels. Cowen specifically highlighted several sources of influence which had a tremendous impact on peoples' wellness: (a) the family context in which a child can naturally develop through their infancy; (b) educational experience; (c) significant social setting or mediating structure in which people interact with one another; and, (d) larger society. Cowen (1991; 2000), in the promotion of wellness, proposed several concepts (competence, resilience, social setting modification and empowerment) to be explored in more depth, so that more understanding and subsequent intervention targeting different key sources of influence can be obtained.

Prilleltensky et al. further argued that well-being is deeply embedded in the social environment including

family, community and society (Nelson & Prilleltensky, 2005; Prilleltensky & Prilleltensky, 2006). In their words, “well-being is not either personal, organizational, or collective, but the integration of them all. For any one of these spheres – personal, organizational, or collective – to experience well-being, the other two need to be in equally good shape” (Prilleltensky & Prilleltensky, 2006, p. 11). Thus, to understand well-being through a holistic perspective, Nelson and Prilleltensky (2005) suggested the personal (such as self-esteem, independence), interpersonal (having a supportive relationship and freely engaging in society) and collective levels of well-being (able to acquire the community resources).

Prilleltensky and Prilleltensky (2006) explained that without the contribution of persons who have optimism, self-efficacy and an equal sense of purpose, social groups cannot function properly. Similarly, people cannot flourish without an immediate environment that is stimulating, respecting, affirmative and reflective, as well as a broader society that is resourceful, fair and free of corruption. In other words, to enable people to be optimistic, having self-efficacy, determination and personal growth, at the personal level, an enabling organizational structure and a community with justice is necessary, if not a must.

Such a proposition is aligned with the most recent research on child development. For example, Shonkoff, and Deborah (2000) assert that in the facilitation of healthy child development, there is the importance of knowledge and intervention targeting various levels from the neuron to the neighbourhood, because both the inner biological operation and environmental influence matters. Leadbeater Schellenbach, Maton, and Dodgen (2004) likewise highlight that the building of the competence of individual children cannot be isolated from the family, community and policy development.

IX. Comparisons between Different Conceptualizations of Well-Being

A multi-level understanding of well-being can be compared with subjective well-being and QOL in several aspects. Firstly, Prilleltensky’s (2006) multi-level model of well-being is explicitly collective in nature, where individual enjoyment is not the primary research concern. Although an individual’s self-determination, freedom and personal growth are highlighted, it should be proportionate in value to other integrated levels, such as collaboration, respect for diversity or social justice. Thus, Prilleltensky’s model is far removed from the SWB or utilitarian approach to QOL, and more in line with the eudaimonic aspect of subjective well-being (PWB), and with the prudential value approach to quality of life.

Secondly, a multi-level understanding of well-being complements traditional disciplines (such as psychology, which merely focuses on understanding the personal, and sociology which focuses on the macro level of analysis): a multi-level perspective assesses the critical role of intermediate structures, which can play an enhancing or inhibiting role in bridge building between the individual and society. Thirdly, and most importantly, a multi-level approach to well-being acknowledges the importance of the interrelationship of different levels as a *complexity*, which is not estranged from social epidemiology’s claim that social relations matter in health. Lastly, the multi-level understanding of well-being provides a comprehensive, inter-disciplinary framework that we can build on and collaborate with diverse disciplines in the pursuit of well-being and in the address of modern life.

X. The Strength of Multi-Level Understandings of Well-Being

A multi-level understanding of well-being avoids psychologization of the issue. In psychology, well-being has long been studied as a common given at the individual level. It has been demonstrated, however, that individual well-being (e.g. having goals, coping strategies or a higher level of SWB) does not arise in a vacuum, but is sooner

closely related to the socio-cultural environment. Despite the fact that empirical studies exist correlating SWB with environmental variables (such as wealth and culture, (Diener & Suh, 1999, 2000a), psychological research maintains a focus on the association between SWB and other psychological attributes (e.g. personality). In the study of health and well-being, most research has been conducted at the individual level while social determinants (Marmot & Wilkinson, 1999) or the social origins (Eckersley, 2001) of health and well-being has been late in receiving warranted scientific attention. The scholarly tendencies appear to suggest that well-being is largely individual, with less value attached to the validity of the social environment for such research. A multi-level research paradigm, inspired by Urie Bronfenbrenner's (1979) ecological model of human development, can thus provide a timely, although not definitive, starting point to approaching the phenomenon and complex of well-being and to understanding the complexity of field relationships, factors and influences multi-level analysis can engage with (figure 1):

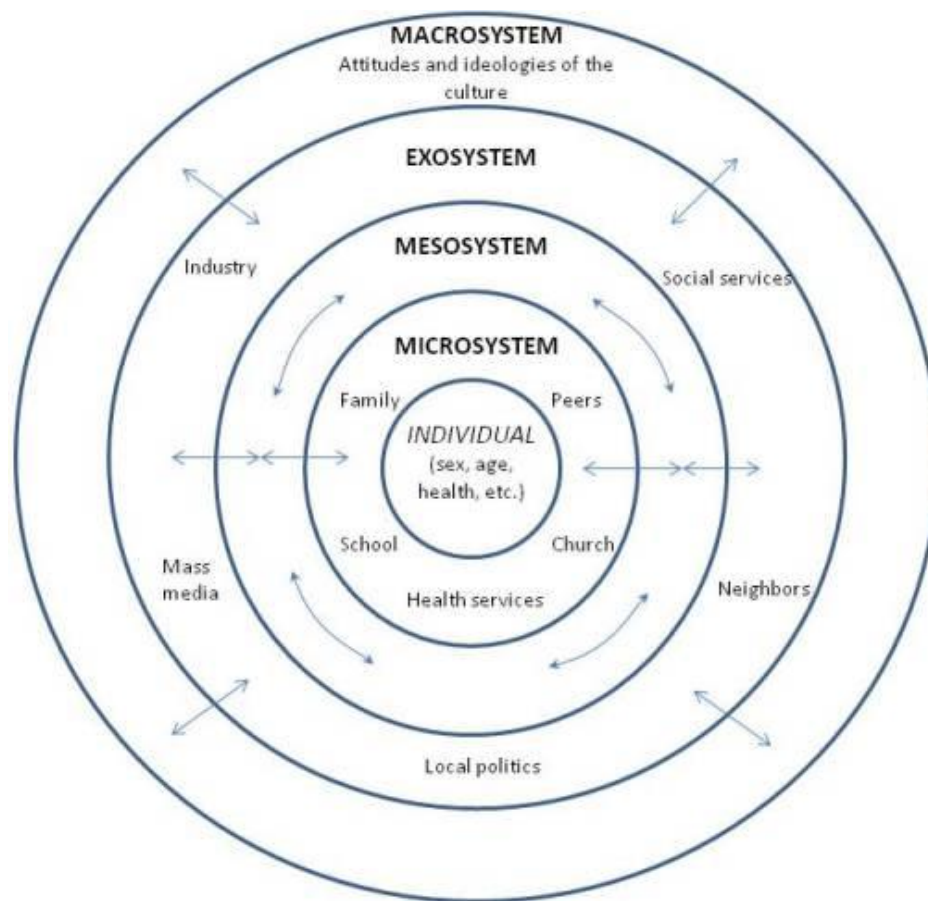


Figure 1: Bronfenbrenner's Ecology of Human Development (1979)

A multi-level perspective is a contemporary imperative rather than an option. O'Neil (2005) cogently argued that the way we look at problems or an issue affects how we study them and try to solve them, with ethical

implications. If well-being is to be conceptualized just within subjective or macro limits, the results will be strategies merely targeting specific spheres of human experience, without attending to the intertwining relationship between people and external circumstances. Likewise, if well-being is to be conceptualized just within the subjective mind of a person, with little or no regard to external circumstances, the result may prove nothing more than a “happy slave” or a “fool’s paradise”: if well-being is positioned beyond the individual’s perception and based on objective and external characteristics (such as crime-rates, unemployment, housing etc), as is proposed by the social indicator approach, the consequence is merely political advocacy. People, moreover, will also be falsely perceived as passive recipients of environmental influence, as reflected in the neo-Pavlovianism of the 1930s (headed by Karl Lashley, John Watson and Donald Hebb) which diminished the role of human agency and positioned the individual as the passive receiver of stimuli. In contrast, a multi-level understanding of well-being requires a systemic and integrational perspective where a transactional and reciprocal influence between the multiple levels should be explored in order to attain a clear and consistent understanding of well-being and its complexity. In addition, subsequent intervention would also require multiple solutions, rather than single solutions, to fully address well-being as a phenomenon of multiple, integrated levels. Thus, understanding well-being in the multi-level perspective prepares us for a more well-grounded knowledge, the challenges of our modernity as well as intervention tools (such as including both behavioural change and policy change strategies as different components in a community-wide intervention) to promote people’s well-being.

A multi-level understanding of well-being highlights the mediating role of immediate settings, experiences, organizations or communities. This matches with QOL research focusing on organization (Sirgy et al., 2006) and community social indicators (Dluhy & Swartz, 2006; Sawicki, 2002; Wiseman, 2009). In view of the fact that more citizens have increasingly less trust towards government and bureaucracy, Berger and Neuhaus (1977) suggested that a mediating structure is needed to stand between individuals and larger institutions, in order for social policy to be more socially conducive and less detached from the realities of individual and community life. In other words, immediate settings can help in mediating between micro and macro aspects of life where the functionality of organizations determines the extent of impact of a megastructure upon the individual. Understanding how mediating structures work in relation to well-being, therefore not only sharpens our understanding towards well-being, but also provides us with ideas for the brokerage of new interventions (such as changing the organizational culture).

Lastly, a multi-level understanding of well-being signals the importance of the inter-relationship between person and environment. This is in line with recent advancements in the field of psychology and public health where a recent Institute of Medicine report (IOM) report highlighted the interrelationship between mental, emotional and behavioural disorders as normally stemming from a set of common conditions (National Research Council & Institute of Medicine, 2009). As Biglan, Flay, Embry, & Sandler (2012) advocate, we have to support and foster a nurturing environment to promote human well-being. Such environments minimize biologically and psychologically toxic events, sooner promoting and reinforcing prosocial behaviours, limiting potential occurrences of problem behaviors, and fostering psychological flexibility. In epidemiological studies, the famous Whitehall studies of British civil servants (Marmot, Shipley, & Rose, 1984; Marmot & Wilkinson, 1999) likewise demonstrated the impact of social hierarchy on ill health. Berkman and Glass (2000) illustrated how social networks have a direct impact on population health by providing social support; mutual influence; engagement opportunities; close personal contact and resources, and material goods. Diez-Roux called for bringing back “context” to epidemiology (1998), and suggest using multilevel analysis to uncover the complexity and reciprocal relationships between factors operating at different levels (2000). A wide range of studies also show that social relations matter in health and well-being. Helliwell and his colleagues (2002; Helliwell & Putnam, 2004) also substantiate that community well-being (manifested in higher social capital) is strongly linked to SWB. Baumeister and Leary (1995) and Myers (1999) ascertained that humans have a fundamental need to belong and that good interpersonal relationships are conducive to health and subjective well-being. Thus, all these findings have shown that different facets of well-being are not separate, but closely related.

The author/s of the present article also believe/s that the well-being of a person is not a standalone entity declaring health status and a personal psychological state. Rather, well-being is manifested across various levels and closely associated with the person's relation to oneself, others and society.

XI. The Challenges of a Multi-Level Understanding of Well-Being

Given the strength of the multi-level approach, there are also challenges in understanding well-being in multi-level and taking the ecological context seriously. The challenge is not only conceptual, but also methodological. Conceptually, 'context' is a slippery concept as there is a diversity of contexts – immediate settings, institutions or organizations, communities, societies or cultural environments (Trickett, 1996). Furthermore, person and context are mutually intertwined (Cole, 1996; Rogoff, 2003) so much as that the environment and the individual cannot be easily separated. Thus, if well-being is understood in terms of a multi-level, to what precisely does well-being refer? The ambiguous meaning of the concept also deprives us appropriate intervention. One solution is to find a proper unit of analysis (Van der Veer, 2001) for each specific study or action, so that the phenomenon can be understood clearly and coherently.

Methodologically, as noted by Bronfenbrenner (1995), psychologists are still unfamiliar with the method that enables the study of people contextually and in terms of multi-level (especially the interplay between the person and the environment and the complex psychological processes therein involved). Some social scientists tend to regard the environment as independent and as a factor or variable external to the individual; however, to understand people in an ecological context we cannot overlook the intertwined relationship between people and the environment. Furthermore, when we examine the ecological context (as with QOL research), it is unclear as to whether the objective versus subjective or structural versus cultural dimensions should be the focus. Hays (1994) has already posited the difficulty in separating culture and social structures. As to untangling the two, if they are inherently intertwined, how to empirically study them are the real challenge facing researchers. Structure and culture are elusive concepts, and can be unfamiliar to psychologists. As psychology is an empirical science, conventional scientific approaches (such as surveys or statistical methods) are often used to study and quantify the causal relationship of social phenomenon. Some methods (such as questionnaires), however, are notoriously ill-equipped for capturing the nuances and detail in subjective experiences, or in the collective meaning of culture. Thus, to be able to study the interaction and reciprocal nature of multi-level well-being, researchers have to equip themselves with multiple tools of methodologies so as to avoid the disciplinary boundary, narrowness or even distortions in research.

In academic disciplines, although there are some (psychologists) who argue that well-being is in the subjectively perceived or a gestalt of psychological functioning, others argue that well-being is closely related to, if not in, the objective conditions and broader environment of a person. While subjective well-being or other human characteristics of strength and virtue (Diener, 1984; Diener, Suh, Lucas, & Smith, 1999; Peterson & Seligman, 2004; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002) have been studied widely in recent decades, the social indicator movement or the recent notion of quality of life has proved itself to be more aligned with, and used at, the policy level (Rapley, 2003; Sirgy et al., 2006). Our study suggests that we indeed have to go beyond the dichotomy of well-being as either a construct of individual attributes or external conditions. Rather, research needs to acknowledge, if not embrace, the dynamic interaction and reciprocal nature of multi-level well-being. This understanding is not only an ethical imperative, but also a sublimation of empirical evidence which posits personal well-being and the social environment. Despite the conceptual and methodological challenge facing researchers adopting the multi-level approach, understanding well-being in such a way can critically provide a more valid picture and understanding of human being's emotional and social situation.

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